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The logo for the Missouri State Board of Nursing. It features a blue silhouette of the state of Missouri with the word "Missouri" in a white, cursive font. Below the silhouette, the words "State Board of Nursing" are written in a smaller, blue, sans-serif font. To the right of the silhouette is the Seal of the State of Missouri, which is a circular emblem with a star in the center and the words "SEAL OF THE STATE OF MISSOURI" around the perimeter.

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Message from the President

Anne Heyen, DNP, RN, CNE

Students attend our board meetings and are allowed to ask questions of the board members. A topic that has been raised several times involves what responsibility the nurse has when they suspect their co-worker may be working impaired. Ideally, the nurse with a substance use disorder would self-identify that they have a problem and seek help prior to putting the public at risk. However, for various reasons, that does not always happen and you might be put in the rather uncomfortable position of having a suspicion that your co-worker is impaired at work.

So what do you do when you have any suspicion that a co-worker either has a substance use disorder and/or is impaired at work? Report it. You the nurse have a professional, legal and ethical duty to protect the public. When a nurse works impaired on any substance (legal or illegal), the very public that has such high regards for

nurses, is placed at risk. Follow your chain of command as you would for any complaint. Be sure to follow up if you do not get a response from your superior.

The National Council of State Boards of Nursing (NCSBN) has a number of resources available free of charge on their website at <https://www.ncsbn.org/substance-use-in-nursing.htm>. There are posters that can be ordered and displayed on your unit. Brochures regarding substance use disorder in nursing are available with more details regarding signs and symptoms, and more details on how to handle a situation where you do suspect a co-worker is impaired. There is a separate brochure specifically for nurse managers. In addition, you can take substance use disorder online contact hour courses free of charge. The issue of a nurse being impaired at work is not a topic anyone wants to face, yet you owe it to the patients to assist in keeping them safe.

Executive Director Report

Lori Scheidt, Executive Director

Licensed Practical Nurse License Renewals

Licensed Practical Nurse licenses expire every even-numbered year on May 31. Renewal reminders were emailed periodically beginning on March 1, 2020.

This was the first year LPNs were required to enroll in Nursys e-Notify® as a condition of license renewal. The Nursys® portal contains three options; e-Notify, QuickConfirm License Verification and Nurse License Verification for Endorsement.

Nursys e-Notify® is the service nurses need to enroll in to receive license alerts.

Nursys® QuickConfirm License Verification® is the service to verify a license one-time. This is most often used to check a license in the pre-hire stage.

Nursys® Nurse License Verification for Endorsement is the service a nurse should use when applying for a license in a new state and another state board of nursing needs verification of that license. This is not a service for employers.

All these services are explained on the Nursys® web site at www.nursys.com.

No Grace Period to Renew

There is no grace period to renew. The board's rules require a nurse to renew three business days prior to the expiration date. Failure to do so may result in the license becoming lapsed, which then requires the nurse to complete a reinstatement application, submit additional fees and submit to fingerprint background checks. The form and instruction letter to renew an expired license can be found under the Licensure tab on the board's web site.

Nurse Required to Complete the Renewal

You should not allow anyone else to complete your license renewal. The license renewal application asks **you** to answer questions for which only you may know the correct answer. False statements are subject to criminal penalties and/or

license discipline. The online renewal application includes a section where the individual attests that all statements or representations submitted are made under oath or affirmation and are true and correct under penalty of section 676.060, RSMo, which specifies that anyone who makes a false statement in writing with intent to mislead a public official in the performance of his official duties is guilty of a class B misdemeanor.

Don't Give Your Employer your PIN to Store

To renew your license, you need a PIN number. This PIN is provided to you by our office. You should safeguard this PIN. You should not give this PIN to your employer for storage.

Your employer should create a Nursys e-Notify® institution account and enroll you in their institution account. Your employer will receive email notifications when the following changes are made to an enrolled license:

- Active status
- Expiration date
- Compact status
- Publicly available disciplinary and alert actions
- License status.

Protect Your License

These practical tips will help you protect your license.

- If you have not already done so, you should enroll yourself in e-Notify by going to www.nursys.com/e-notify and select "As a Nurse" to complete the registration process. By enrolling in this free service, you will receive notifications any time your license status changes as well as receive license expiration date reminders. The e-Notify system also allows you to provide information about the nursing workforce in Missouri. The Missouri State Board of Nursing uses this information to gather

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Executive Director continued from page 1

- important workforce data and uses the data to enhance Missouri's ability to plan for nurse supply and demand and ultimately improve healthcare for all. As a reminder, you and your employer can verify your license at any time at www.nursys.com by clicking on Search Quick Confirm and following the instructions.
- Missouri does not issue a license card. Missouri has joined many other states in eliminating the issuance of license cards due to the fact that they can be forged, altered, misappropriated, can contribute to identity theft, and do not reflect recent disciplinary action. Fraud does not just occur by obtaining financial information or a social security number. It can happen with your nursing license record as well. You should search for your record using Licensure QuickConfirm at www.nursys.com. After you access your record, you can print a report that will show your license number, original issue date, expiration date, whether you have a multistate or single state license and discipline status. Please direct current or future employers to www.nursys.com to verify your license.
 - RN licenses expire April 30th of every odd-numbered year. LPN licenses expire May 31st of every even-numbered year. When enrolling yourself in e-Notify, opt in to receive automated electronic reminders when you have a license that will be expiring within 30 days.
 - Keep the board informed of your current name and address. A notification form can be found at www.pr.mo.gov/nursing. There are several reasons for this.
 - Licenses are suspended by operation of law for not filing or not paying state income taxes. If we do not have your current address, your license could be suspended without your receiving notification.
 - Failure to inform the board of your current address is cause to discipline your nursing license. You are required to inform the board of a change in your name and/or address within 30 days of the change.
 - Missouri is a member of the nurse licensure compact (NLC). This is similar to a driver's license where you are licensed in one state and can practice in other states that are members of the compact without having to obtain a separate license in that state. You can find an overview of the compact as well as a list of member states at www.ncsbn.org/compacts. The compact regulations also require that you keep your address updated. Whether you have a multistate or single state license depends on your primary state of residence.

- Practice is where the patient is at the time nursing care is rendered. Know the state's Nursing Practice Act and rules before you practice. You can find the Missouri Nursing Practice on our web site. You can find links to other state boards of nursing at www.ncsbn.org.

Legislative Session

The 2020 legislative session started January 8, 2020 and will go through May 15, 2020.

Several bills were filed regarding advanced practice registered nurses. Currently, a Missouri Advanced Practice Registered Nurse (APRN) is required to be in a written collaborative practice agreement with a physician. It is through this collaborative practice agreement that the physician delegates authority to administer or dispense drugs and provide treatment. A collaborating physician may enter into a collaborative practice agreement with up to six full-time equivalent advanced practice registered nurses, licensed physician assistants, assistant physicians, or any combination of those professions. The APRN and physician must maintain geographic proximity. The board of nursing and board of registration for the healing arts have joint rulemaking authority. Those joint collaborative practice rules were revised to indicate that the collaborating physician and collaborating APRN shall practice within 75 miles by road of one another, except if the APRN is providing services pursuant to 335.175, RSMo. Missouri state law 335.175 is the law governing the utilization of telehealth by nurses and specifies that an APRN providing nursing services under a collaborative practice arrangement under section 334.104 may provide such services outside the geographic proximity requirements of section 334.104 if the collaborating physician and advanced practice registered nurse utilize telehealth in the care of the patient and if the services are provided in a rural area of need. Telehealth providers shall be required to obtain patient consent before telehealth services are initiated and ensure confidentiality of medical information.

You can find information about the status of bills and how to contact legislators at <http://moga.mo.gov>.



<http://pr.mo.gov>

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Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (MoSALPN)	573-636-5659
Missouri Nurses Association (MONA)	573-636-4623
Missouri League for Nursing (MLN)	573-635-5355
Missouri Hospital Association (MHA)	573-893-3700

Number of Nurses Currently Licensed in the State of Missouri

As of April 15, 2020

Profession	Number
Licensed Practical Nurse	24,495
Registered Professional Nurse	113,021
Total	137,516

SCHEDULE OF BOARD MEETING DATES THROUGH 2020

May 19-21, 2020
August 19-21, 2020
November 4-6, 2020

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>

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Moments with Marcus

Trusted Thieves?

Marcus Engel

This article might be outdated before I hit the “save” button. It will almost certainly be outdated by the time it’s submitted to the newsletter. And older yet by the time you read it. Still, since Covid-19 doesn’t look like it’s going away any time soon, let’s hope there’s still something of value here.

A few months back, and for the millionth year running, nurses have been named the most trustworthy profession. Nurses don’t shout this fact from the rooftops, and they don’t drop it into everyday conversations.

To me, this makes sense. Nurses enter this profession to serve others, to ease human suffering and to know they are doing good work. There’s not much ego involved there. No one becomes a nurse thinking they’ll get famous in their profession. Those who become nurses are usually more interested in giving than taking.

Then, I started hearing stories from the bedside.... and on news reports. Facilities are running out of supplies. Not from backup in the supply chain, not from reduced Chinese manufacturing and production, not because of thousands of cases in American hospitals. From the earliest moments – with just a handful of confirmed cases and a few hospitalizations - shortages. Why? Theft. Yes, theft.

A nurse friend said, “As soon as a new box of masks is opened... it’s empty. People are just stealing masks and hand sanitizer like it’s there for the taking.”

I’ve gotta admit, I was shocked. Nurses would do this sorta thing? Nurses, with scientific based medical knowledge.... nurses, the most trustworthy profession... nurses, who have dedicated their professional lives to caring for the vulnerable. Nurses would steal? I just couldn’t wrap my brain around it.

And then I remembered... nurses are human. And, as humans, we make mistakes. We allow actions to be guided by fear rather than reason. We go against what we know to be true because of a scarcity mindset. Our fear can even lead us to harming another. Right now, we, as a society are in a fight, flight or freeze mode. And, how could we be anything else? We are in uncharted territory. We have BREAKING NEWS every three seconds with the latest updates, (to say nothing of the politics around the strain), social media feeds are dominated by commentary. With so much noise, it’s no wonder people are hoarding supplies, all the while going against their scientific, evidence-based training by succumbing to fear.

Nurses are human. So are patients. So are techs and therapists and docs and EVS. Humans make mistakes. But, also as humans, we have to learn from those shortcomings. And maybe the biggest lesson to learn is, as always, to slow down, take a breath, pause, and be present. Intentionally stop and breathe and relax. Step out of fight, flight or freeze mode and, just for a couple of breaths, refuse to feel fear. It takes courage and stamina and resiliency to be named the most trustworthy professionals of the last couple decades. It’s a well-earned designation. Even when forgotten for a few moments.



Marcus Engel

Why Become a Nurse?

Richelle Herron, RMA (AMT)
President, Student Nurses Association
St. Louis Community College-Florissant Valley

I hope this message finds you healthy, energetic and in the best of spirits. My heart overflows with gratitude and pride as I read the messages and prayers that have been offered in the recent passing of my grandmother, hospitalization of my mother and recovery of my husband and I. I have always been proud to be a part of the nursing program here at STLCC-FV, but the heart and soul of any program/organization is its people, and your hearts are as genuine as they come. I thank God for each of you and I continue to pray for your health and safety during this time.

I hear a lot of people say that Nursing is a job that they admire, but they just don’t have the stomach or the nerves for. They ask why anyone would willingly jump into such a dangerous and sometimes, “thankless” profession. “Why become a nurse?” Well, there are as many reasons WHY people do things as there are people walking on this Earth. And times such as these are necessary to separate the pretenders from contenders.

This is a time of self-inventory and fortified resolve. If there was ever a time for dedicated, fire-tested nurses with a heart to make a difference, this is IT. WE ARE THOSE NURSES!!

We’ve BEEN doing this. We’ve taken care of patients with HIV, MRSA, Cancer, Post-Operative and other precautions. We’ve been the liaison between our patients healing and the challenges they face! We’ve been there when life enters the world and we’ve comforted those who are transitioning! FLO-VALLEY NURSES ARE TRAINED to RESPOND IN times such as THESE!!

Having been a COVID-19 patient, experiencing the fear of unknown, the psychological toll of isolation and the pain of familial loss from this pandemic, I know that the healthcare professionals (but MAINLY THE NURSES) that took care of me and my family made and are continuing to make the difference! Personally, Nurses were my point of contact, they had the most personal contact with me, gave me medicine, brought me my food, helped me move around my room when I was too weak to do those things on my own. I can’t begin to describe how blessed I feel that my husband, mother and I are continuing to fight and beat this virus.

My whole purpose for writing this is to say that: WE ARE NEEDED!! Now more than ever, our technical and theoretical skills along with our COMPASSION are needed in every aspect of the healthcare delivery system. Hands and hearts that have experienced the FULLNESS of life and are willing to share their knowledge to make this world and situation better!

I am EAGERLY anticipating the completion of our degree so that we can all get out there and join this fight! It is truly one that we have been trained for and one that we can WIN!!!

I LOVE EACH AND EVERY ONE OF Y’ALL!!! WE ARE GOING TO MAKE IT!!!



Richelle Herron

Customer Service Skills: An Essential Tool for Every Nurse

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Tonya S. Gierke, JD, BSN, RN, ASBN Assistant Director-ArNAP

Did you know that research has shown that patients who are satisfied with their care are less likely to sue? At some point in your career, you will encounter a patient or family member who is not happy with something you have said or is not satisfied with the care you have provided. It happens to everyone. Good customer service skills are a tool that you can use with every patient encounter to keep your patients satisfied.

A few years ago, I served in a position in which I wore many hats. One of those hats included managing patient complaints. I am extremely grateful that the leadership and staff of that facility valued customer satisfaction and placed it as a top priority. We regularly talked about ‘HEART’ as a way to address patient concerns. I believe it is valuable information that every nurse can and should use.

HEAR.

When a patient is sharing their concerns, actually listen to what the patient is saying to you. Look the patient in the eye. Don’t continue to type on the computer or scurry about the room doing your other tasks while the patient is talking. Don’t formulate your excuses and defenses while the patient is talking. Patients deserve to be heard.

EMPATHIZE.

Empathy is defined as understanding and sharing the feelings of another person. When a patient is sharing their concerns, more than likely other issues are going on in their life. That patient may have just found out a couple of days earlier that their job was being eliminated during a time when they are facing a life-changing diagnosis.

APOLOGIZE.

Apologize to the patient and show concern. Put yourself in their shoes. How would you feel if the situation occurred to you? You wouldn’t want to hear why it’s everyone else’s fault, but not your responsibility. You would want to hear a genuine apology. It is ok to say, “I’m sorry this happened to you.”

RESPOND AND RESOLVE.

Do what you can to fix the situation. Certain circumstances may only require an immediate fix, such as re-ordering a hot meal for a patient who received a meal tray that

was cold. Other circumstances may require reviewing current processes and coming up with solutions on how to prevent the situation from occurring again.

THANK.

Thank the patient for sharing their concerns with you. If they don’t tell you what is wrong or upsetting them, you won’t have the opportunity to fix the issue.

In conclusion, practice using your **HEART** skills when addressing patient concerns. You will be amazed at the positive outcomes, and your patients will thank you!



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Safe Practice: Nursing Roles and Assignments

Permission granted by the Nebraska Board of Nursing to re-print this article with modifications specific to Missouri

Nursing practice affects patient outcomes. Licensed nurses are accountable for their judgments, decisions and actions. “Nurses accept or reject specific role demands and assignments based on their education, knowledge, competence and experience, as well as their assessment of the level of risk for patient safety” (American Nurses Association [ANA] Code of Ethics, 2015, Provision 4.3).

The Missouri State Board of Nursing regulates the practice of individual licensed nurses. While the Board has no jurisdiction over employer/employee issues such as assignments, staffing decisions and work hours, both individual nursing leaders and nurses in patient care roles may be subject to disciplinary recommendations by the Board when patients are placed at risk. It is essential that nursing leadership (supervisors, managers and administrators) and employers work together and communicate clearly with individual nurses to arrive at solutions that best meet patient care needs.

The Nebraska Board of Nursing recently published an excellent resource for nurses on this topic and they graciously gave us permission to share this information with our Missouri nurses.

Competency

Nurses are responsible for assessing their own competency (ANA Code of Ethics, 2015, Provision 4.1). Competency is an expected level of performance that integrates knowledge, skills, abilities, and judgment (ANA, 2014b). Nurses can be expected to advocate for patients and themselves by ensuring that their competencies match the patient’s identified needs and allow for the delivery of safe care. If the nurse is being required to accept a new role or perform a new task or procedure, it is incumbent upon the nurse to identify what education and training s/he requires to develop competency. This may also mean that a nurse negotiates a modified or shared assignment in an unfamiliar practice setting or with a patient population for which the nurse has little or no experience (ANA, 2009).

Nursing leadership and employers have a responsibility to provide an environment that is conducive to competent practice, including appropriate expectations for practice and assignment with orientation, cross-training and skill development; continuing education and competency verification; support for specialty certification; and policies that protect both the patient and nurse from inappropriate assignment or expectations for nursing responsibilities, procedures or tasks. The practice environment should also support open communication with nursing staff, allowing them without fear of reprisal to express concerns, or even refuse a role or assignment for which they do not possess the requisite skill (ANA, 2009).



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Fatigue

Nurses at all levels of practice and leadership share responsibility for reducing risks from nurse fatigue in the workplace. Individual nurses are responsible for practicing healthy behaviors that reduce the risk for working while fatigued or sleepy, for arriving at work alert and well rested, and for promoting a safe commute to and from work. They are also responsible for taking meal and rest breaks, and for implementing fatigue countermeasures to maintain alertness during work shifts (ANA, 2014a).

Nurses have an ethical responsibility to carefully consider the need for adequate rest and sleep when deciding whether to offer or accept work assignments, including on-call, voluntary, or mandatory overtime (ANA, 2014a). Nurses are encouraged to advocate with nursing leadership and employers for staffing policies and strategies that mitigate the potential for negative outcomes associated with fatigue.

Fatigue can impair practice. Individual nurses are responsible for recognizing and disclosing impairment to leadership and employers.

Appropriate staffing

Appropriate staffing is a match of the combined expertise of all caregivers with the needs of the recipient of nursing care services in the context of a particular practice setting (ANA, 2012). Appropriate staffing is necessary to reach safe, quality outcomes. Staffing decisions are dynamic, and necessarily rely on complex, multifaceted decision-making processes for a wide range of staff and patient variables. Staffing models and policies, including level of care requirements are at the discretion of the employer.

When making a decision to accept a role or assignment, ANA advises individual nurses to make a critical assessment of the needs of patients and the resources available to meet those needs. Nurses have an obligation to articulate their limitations (nd) and may find it necessary to contact an immediate supervisor and request assistance in planning care based on the available resources within the organization. Such assistance may include, but is not limited to:

1. Acquiring additional or a different mix of staff;
2. Making adjustments in scheduled staff work hours;
3. Requiring periodic assistance from a supervisor or another staff member for delivery of specific client care activities;
4. Prioritizing client care activities that will be delivered during that shift, and/or,
5. Notifying appropriate health care providers and others regarding limitations in providing optimal care during periods of inadequate staffing.

If the assignment is being made because of an immediate need or crisis, the decision to accept the assignment may be based on that immediate need. However, if the staffing pattern is an ongoing problem, the nurse has a professional obligation to advocate with nursing leaders and employers for safe staffing strategies (ANA Code of Ethics, 2015, Provision 6.3).

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CBD Oil and Your Nursing License

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Mary A. Trentham, JD, MN^{Sc}, MBA, APRN, CNP,
GNP-BC, Attorney Specialist

This week a disturbing article was circulating on the internet from ABC7 writer Lisa Fletcher, an investigative reporter, that consumers of CBD oil are being terminated after a drug test result was positive for THC.¹ In one case, Ms. Fletcher spoke with a 72-year old engineer who was terminated after he failed a workplace drug test. He was using CBD oil for arthritis and glaucoma and thought he was “doing something perfectly legal, something that would not trip a positive THC test.” Ms. Fletcher also found several lawsuits, “including one filed by women in California and Pennsylvania, both of whom claim the CBD they were taking was advertised as THC free. However, the use of the CBD oil caused them to test positive on drug tests and lose their jobs.”²

Peter Meyers, a law professor emeritus at George Washington University Law School, states that while a person may be complying with state laws, they are violating federal laws. Marijuana is still illegal under federal law. Mr. Meyers stated, “The wide availability of CBD gives consumers the impression it’s safe and legal.”³ The lack of precision in product labeling is giving consumers a false sense of safety.

Tetrahydrocannabinol (THC) and Cannabidiol (CBD) are the most commonly known compounds of the marijuana plant (cannabis). CBD is the second most active ingredient and a natural component found in marijuana plants. THC is the active psychoactive compound in marijuana. Marijuana is listed in the Schedule I of the federal Controlled Substances Act (CSA) due to the psychoactive effects of THC and the potential for abuse.

The Agriculture Improvement Act of 2018 (generally referred to as the 2018 Farm Bill) was signed into law on December 20, 2018. The 2018 Farm Bill became effective January 1, 2019, and legalized the cultivation and sale of industrial hemp at the federal level. Industrial hemp plants must have a delta-9 THC concentration of not more than 0.3 percent by dry weight. Until December 20, 2018, hemp was categorized as a Schedule I substance under the CSA, thus making hemp illegal at the federal level to cultivate, possess, or distribute the hemp plant, or CBD derived from the hemp plant. The 2018 Farm Bill removed industrial hemp from the Controlled Substances Act (CSA), which means that as long as the plant contains no more than 0.3 percent THC on a dry weight basis it is no longer considered a controlled substance under federal law. However, the U.S. Food and Drug Administration (FDA) maintained the FDA’s authority to regulate products containing cannabis or cannabis-derived compounds under the United States Federal Food, Drug, and Cosmetic Act (FD&C Act). This applies to products described as hemp under the 2018 Farm Bill.

CBD websites claim that CBD oil is made from the flowers, leaves, and stalks of the hemp plant and contains less than 1% THC. Some marketing sites indicate that there is no THC in their CBD oil. Hemp oil is extracted from the seeds of the hemp plant and contains trace amounts of CBD. The majority of CBD oils on the market are full-spectrum extracts. This means they contain not only CBD but also a range of other cannabinoids and terpenes found in the cannabis plant. The main difference between CBD oil from hemp and marijuana is the ratio between THC and CBD. As stated above, industrial hemp, as long as the plant contains no more than 0.3 percent THC on a dry weight basis it is no longer considered a controlled substance under federal law. Recall the old saying BUYER BEWARE!

Hemp fibers and stalks are used to make clothing, rope, construction materials, paper, fuel, and many more items. Some manufacturers and marketers of CBD-infused products, including food, beverages, dietary supplements, and creams, claim that the products are useful in the treatment and prevention of various diseases. The FDA has taken the position that such claims subject the products to regulation as drugs, which typically require prior approval from the FDA based upon clinical trials to establish product safety and efficacy for public consumption. The FDA has issued a number of warning letters to halt the marketing of products for which such claims are made. Currently, Epidiolex® (a seizure medication for children) is the only FDA approved medication that contains CBD.

Is CBD oil safe? Since the same enzyme in the liver that metabolizes many conventional medicines and supplements metabolizes CBD oil, the metabolites of CBD oil can cause the levels of other drugs in the system to rise. CBD oil may cause increased activity of blood thinners, increased liver enzymes; other research indicates that the use of CBD oil may trigger a number of side effects, including anxiety, diarrhea, dizziness, drowsiness, dry mouth, nausea, vomiting, or changes in appetite or mood.⁴

There is a lack of quality scientific studies on human and animal populations on the use and effects of using CBD. The FDA expresses a concern for the unreliability of the purity of CBD products. Concentrations of CBD oil vary widely, not from brand to brand but from bottle to bottle within the brand. CBD product companies use different CBD sources, extraction methods, and production techniques, and not all resulting products are created equal.

The Nurses Guide to CBD, a blog on clinical cannabis, health and wellness, reported that a 2017 study published in JAMA found that of 84 different CBD oils purchased through online retailers, **18 ACTUALLY CONTAINED THC. This means that 21% of the CBD oil products tested contained THC.** Moreover, 43% of the products were under-labeled (concentrations of CBD were lower than listed on the product), and 26% were over-labeled (concentrations of CBD was higher than listed).

Dr. Meyers was given access to the largest series of tests done on CBD products by Ellipse Analytics. The outcome of the analysis found that “more than half of the 200 products tested were inaccurately labeled. Lab results showed that of a quarter of them – **more than 50-products – falsely claimed they were THC-free.**”⁵

What does this mean for you, the nurse? If a nurse consumes CBD oil, there is a possible risk that a positive THC test may result. In some states, CBD oil may be allowed to contain up to 5% THC.⁶ If a nurse would consume excess CBD oil that may be allowed to contain a larger amount of THC, that nurse is risking a positive THC test.

CBD oil sold at a health food store in Chicago tested by one of this Board’s toxicologists was found to contain about 9% THC. Therefore, a person using CBD oil with higher concentrations WILL show a positive urine test for THC.

Several nurses have had positive THC drug screens through random drug testing by their employer. The nurse states they are using CBD oil for inflammation, anxiety, and other health issues. You, as the nurse, need to be aware that on a drug screen, a positive THC drug test result CANNOT be differentiated from CBD oil ingestion or application from marijuana use.

Nurses will have to do their own research to determine which companies the nurse is willing to trust. Although most CBD products claim to have under 0.3% THC, which is classified as hemp, the products remain unregulated by the FDA making the THC levels contained in the product unreliable. Moreover, the amount of THC contained in the product is generally not listed on the bottle of CBD oil. Consuming or vaping quantities of CBD oil may leave enough THC in the nurse’s system to trigger a positive test result. **IS YOUR LICENSE WORTH THIS RISK?**

1 Fletcher, Lisa, ABC7 Staff. 2019. Why consumers are claiming positive drug test results after using CBD oil Retrieved September 24, 2019 from <https://wjla.com/features/7-on-your-side/investigations/consumers-claiming-positive-drug-test-after-cbd-oil>.

2 ibid

3 ibid

4 Wong, Cathy. 2019. CBD oil: benefits, uses, side effects, and safety. Retrieved March 6, 2019 from <https://www.verywellhealth.com/cbd-oil-benefits-uses-side-effects-4174562>

5 Fletcher, Lisa, ABC7 Staff. 2019. Why consumers are claiming positive drug test results after using CBD oil Retrieved September 24, 2019 from <https://wjla.com/features/7-on-your-side/investigations/consumers-claiming-positive-drug-test-after-cbd-oil>

6 Edmonds, Brie. 2019. Cannabidiol and drug tests. Retrieved February 8, 2019 from <https://blog.employersolutions.com/cannabidiol-and-drug-tests>



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State Board of Nursing

www.pr.mo.gov/nursing

This bulletin is to inform you of some important measures that the Governor and the Board of Nursing have taken to meet the expected increase in demand for nursing workforce during the COVID-19 pandemic.

EXECUTIVE ORDER 20-04

On March 18, 2020, Governor Parson signed Executive Order 20-14, which authorizes executive agencies to waive or suspend certain regulations or statutes, with approval from the Governor's Office, that interfere with the state's response to the spread of COVID-19. This allows agencies to request a waiver or suspension of regulations in an expedited process to help provide immediate health and safety relief.

A complete list of rules that have been temporarily suspended can be found at <https://www.sos.mo.gov/suspended>.

MISSOURI STATE BOARD OF NURSING GUIDANCE TO NURSING EDUCATION PROGRAMS

The Missouri state Board of Nursing received multiple inquiries regarding COVID-19 and the potential impact to nursing schools. Academic partners are working with their leaders to understand the public health impact of COVID-19, and how alternative/remote classroom education (distance learning) may be provided. Management of students who are concurrently employed in the healthcare domain is also of concern. The health and well-being of patients, students and faculty will remain the priority focus.

For further COVID-19 information and guidance regarding nursing education programs, please review the Board's informational bulletin at <https://pr.mo.gov/boards/nursing/COVID19.pdf>.

The leaders of 10 nursing organizations have issued a policy brief that calls for academic-practice partnerships between health care facilities and prelicensure registered nursing (RN) and practical nursing (PN) programs across the country during the COVID-19 crisis. You can find the entire policy brief at https://www.ncsbn.org/Policy_Brief_US_Nursing_Leadership_COVID19.pdf

GRADUATE EXEMPTED PRACTICE EXTENSION

State Statute 335.081 (6)(b), RSMo allows a graduate nurse to practice after graduation pending the results of their first licensing exam or 90 days after graduation, whichever first occurs.

The licensing exam all graduate nurses take for a license is the National Council Licensure Exam (NCLEX®). The NCLEX® is administered in Pearson Vue test centers. All Pearson Vue test centers closed March 17, 2020. On March 25, 2020, NCLEX® testing resumed on a limited basis at 60 Pearson VUE Testing Centers with additional sites opening by March 28, 2020. Additional openings are dependent on many factors, including the CDC guidelines for social distancing, and screening of candidates and test center personnel prior to being allowed to test. FAQs can be found on [ncsbn.org](https://www.ncsbn.org). Candidates can schedule testing appointments at pearsonvue.com/nclex.

The Board of Nursing has extended the graduate exempted practice period an additional 90 days for each nurse that will be taking the exam for the first-time and whose graduate exempted practice period expired or will expire during the period of time that Pearson Vue is not administering the NCLEX® exam.

Anyone who graduated on or after December 16, 2019, has not previously taken the NCLEX® and has not been denied a license is now authorized to practice as a graduate nurse pending the results of their first licensing exam or 180 days after graduation, whichever first occurs.

TEMPORARY PERMITS

Rule 20 CSR 2200-4.020(6) indicates, "A temporary permit is valid for a six (6) month period."

Fingerprint sites, nursing programs and boards of nursing are closed or operating on limited hours. The board recognizes this impedes the ability to request background checks, transcripts and license verifications. In order to allow for continued employment, the board automatically extended unexpired temporary permits an additional six (6) months. This does not require any action by the nurse. You can check the license expiration date of a temporary permit at www.nursys.com using QuickConfirm License Verification.

A nurse who holds a temporary permit should enroll As a Nurse in Nursys® e-Notify at www.nursys.com/enotify in order to receive permit expiration date reminders.

Employers should create an institution account at www.nursys.com/enotify and enroll that temporary permit holder in order to receive permit expiration date reminders. New temporary permits will be issued for a one (1) year period.

NURSE LICENSURE REQUIREMENTS

Missouri is a member of the Nurse Licensure Compact (NLC). The NLC allows for RNs and LPNs to have one multistate license, with the ability to practice in person or via telehealth, in both their home state and other NLC states. There are currently 32 member states in the NLC and nurses from those states who hold a multistate license can easily respond to provide care across state lines.

At this time, licensure requirements have not been changed. You can verify a license at www.nursys.com.

Please refer to this fact sheet, https://www.ncsbn.org/Authorization_to_Practice_Step_by_step.pdf, to determine if a nurse has a multistate license and where that nurse can practice.

There has been media attention about 1135 waivers authorized under the Centers for Medicare and Medicaid Services. Please refer to this document, <https://www.cms.gov/Medicare/Provider-Enrollmentand-Certification/SurveyCertEmergPrep/1135-Waivers>, paying particular attention to the 4th bullet point. The waivers are for reimbursement only, not licensure.

MONITORED LICENSEES

If you have been directed to self-quarantine due to diagnosis of or exposure to COVID-19, please DO NOT go to a drug screening collection site, meetings or other activities that could expose others. Submit your quarantine order documentation to nursingcompliance@pr.mo.gov. We will suspend daily check-ins and drug testing during this period.

In the event there is a state or regional quarantine/shelter-in-place order, please DO NOT go to a drug screening collection site. The sites likely will be closed. Email nursingcompliance@pr.mo.gov of this information so we can suspend drug testing during that time. If you are required to submit to random drug screen, you are still required to check in daily with the third-party administrator (TPA). We will monitor the situation and restart drug testing when it is safe to do so. The only way you will know that drug testing has been resumed is by continuing with your daily check-ins.

If meetings or other activities are canceled please keep any records or documentation and report that by email to nursingcompliance@pr.mo.gov.

ADVANCED PRACTICE REGISTERED NURSE (APRN) COLLABORATIVE PRACTICE REQUIREMENTS

Rule 20 CSR 2200-4.200 (2)(B)(2), requires an Advanced Practice Registered Nurse (APRN) and collaborating physician to practice within seventy-five (75) miles by road of one another.

This rule has been suspended to allow a physician and APRN to collaborate, regardless of where the providers are located. It is paramount that our health professionals be able to treat our citizens during this critical time of need. Physicians and nurses serving on the front lines of this outbreak are at risk of infection and some may be unable to treat patients due to quarantine. This will allow our highly skilled and educated health professionals to provide care to our communities when they need it most.

20 CSR 2200-4.200 Subsection (2)(C) is waived for the requirement that the APRN practice with the collaborating physician continuously present for at least a one- (1-) month period of time before practicing in a setting where the collaborating physician is not continuously present.

20 CSR 2200-4.200 (4)(E) is waived relating to the requirement that the collaborating physician or any other physician designated in the collaborative practice arrangement review the APRN's delivery of health care services through a review of a minimum of ten percent (10%) of the charts every fourteen (14) days.

This waiver does not include the review of the percentage of cases where the APRN prescribed controlled substances.

PRESCRIBING/DISPENSING HYDROXYCHLOROQUINE, CHLOROQUINE AND AZITHROMYCIN

The Missouri State Board of Registration for the Healing Arts and the Missouri Board of Pharmacy have recently received increased reports of prescriptions being issued for hydroxychloroquine, chloroquine and azithromycin for prophylactic purposes in response to the COVID-19 outbreak. As a response to protect the public health and safety, they have issued a joint statement on this issue. You can view their joint statement at <https://pr.mo.gov/boards/nursing/covid-19/JOINT-STATEMENT-III.pdf>.

The Board hopes these measures will help to address the increased demand of the nursing workforce in the state needed in response to COVID-19. For the most up-to-date information regarding COVID-19 and the Board, please visit our website frequently. New information will be posted at <https://pr.mo.gov/nursing-covid-19.asp> as it becomes available.

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Disciplinary Actions**

The disciplinary actions shown in this newsletter are for the time period of December 1, 2019 to February 29, 2020

CENSURE

King, Carlene Dawn
Devils Elbow, MO
Licensed Practical Nurse 2006000322
On January 9, 2017, a resident was found in his room unresponsive at 0655 by a CNA. The CNA entered the room with another CNA, who notified Licensee that the resident was unresponsive with no pulse. Licensee did not initially initiate CPR measures. There was a time lapse of approximately ten to fifteen minutes before Licensee determined the resident was a full code and started CPR. DHSS placed Licensee on the Employee Disqualification List (EDL) for a period of one year.
Censure 02/29/2020

Lewis, Tammy Lynn
Farmington, MO
Licensed Practical Nurse 2001018340
Licensee practiced nursing in Missouri without a license from June 1, 2018 to November 13, 2019.
Censure 02/15/2020

Boguslaw, Michael Ashley
Saint Louis, MO
Registered Nurse 2019014632
From June 4, 2019, until the filing of the Complaint, Respondent failed to check in with NTS within the required time window on one (1) day. Further, on June 20, 2019, and September 16, 2019, Respondent checked in with NTS and was advised that he had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on September 19, 2019, Respondent failed to check in with NTS within the required time window; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on September 19, 2019.
Censure 12/17/2019

Payne, Crystal LeAnn
Bernie, MO
Registered Nurse 2007020214
On November 20, 2018, Licensee was observed to be in discomfort prior to the beginning of her shift and reported the beginnings of a migraine. Licensee indicated that she had taken an Imitrex and should be feeling better soon. A co-worker witnessed Licensee entering the ED medication room prior to her shift and reported she believed the Imitrex was obtained from the ED Pyxis dispensing unit. Review of camera footage and interview with witnesses revealed that Licensee had obtained one pill of Imitrex, without authorization, and taken it to relieve the onset of a migraine. Licensee admitted to management that she took the Imitrex.
Censure 12/10/2019

Noah, Elizabeth Michele
Brentwood, MO
Licensed Practical Nurse 2011041795
Licensee practiced nursing in Missouri without a license from June 1, 2018 to November 8, 2019.
Censure 02/29/2020

PROBATION

Harton, Katrina Lanette
Madison, IL
Registered Nurse 2008008486
During a review of recordings from the night of March 8, 2017, to the morning of March 9, 2017, Licensee was observed mistreating patient R.A. under her care. The recording also showed Licensee restraining R.A. by placing a chair under the footrest of the patients chair he was sitting in. Licensee was also witnessed aggressively pushing R.A.s legs back in his chair when he attempted to get out of the chair. Additionally, Licensee was witnessed crossing R.As wrists and pressing them into his chest in an intimidating manner. R.A. was observed to cover away from Licensee. Licensee was additionally

observed pulling R.A.s foot out from under him and swinging his legs over the geriatric chair. R.A. has dementia and is non-communicative. He displayed aggressive behaviors, but usually when he needed to use the restroom or was hungry. After another employee took R.A. to the restroom, R.A. calmed down.
Probation 01/07/2020 to 01/07/2023

Brock, Virginia J
Joplin, MO
Registered Nurse 104311
In July 2018, Licensee received corrective action for sleeping in a chair while holding an infant. When questioned, Licensee indicated that she was tired. On January 3, 2019, Licensee was discovered sleeping while holding an infant patient for feeding. When questioned, Licensee indicated she was experiencing health issues and her blood sugar was low. Licensee did not deny that she had fallen asleep. Licensee recognized her issues and did request a change in her schedule to accommodate that. However, before facility management was able to accommodate the schedule change, the second incident had happened.
Probation 02/22/2020 to 02/22/2022

Glick, Nancee G
Trenton, MO
Licensed Practical Nurse 044355
On or about March 4, 2018, a resident complained of difficulty breathing. Licensee did not take the resident's vitals. Licensee instructed a nurse aid to check the resident's SPO2% and to administer a breathing treatment to the resident. Both of these skills performed by the nurse aide are outside the scope of a nursing aide. On March 5, 2018, at approximately 0430, Licensee found the same resident unresponsive in his wheelchair, with no pulse and no respirations. Licensee failed to initiate CPR on the resident, who was a full code. Licensee failed to contact facility's Director of Nursing.
Probation 02/13/2020 to 02/13/2021

Williams, Terry Teacunshea, Jr
Fairview Heights, IL
Licensed Practical Nurse 2012032504
From August 20, 2018, until the filing of the Complaint, Respondent failed to check in with NTS on three (3) days, and checked in outside of the required time window on three (3) days. In addition, on June 4, 2019, Respondent reported to a lab and submitted the

PROBATION continued on page 7



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Disciplinary Actions**

PROBATION continued from page 7

required sample which showed a low creatinine reading of 2.4. On August 28, 2019, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. When contacted, Respondent denied drinking. Probation 01/14/2020 to 01/14/2023

DeMoulin, Andrea Caroline

Glen Carbon, IL

Registered Nurse 2018011976

On January 22, 2015, Respondent entered into an Agreement of Care, Counseling and Treatment with the Illinois Department of Financial and Professional Regulation that became effective on February 16, 2015. Pursuant to the Agreement, Respondent's Illinois nursing license was subject to certain terms and conditions of monitoring for a period of at least three (3) years. On May 28, 2019, the Illinois Department of Financial and Professional Regulation took final disciplinary action and issued an Order indefinitely suspending the Illinois nursing license of Respondent due to failure to comply with the stipulations placed on her license. Probation 01/14/2020 to 01/14/2025

Tomlinson, Tara Liane

Saint Louis, MO

Registered Nurse 2003012764

In accordance with the terms of the Agreement, Respondent was required to contract with the Board approved third-party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. Pursuant to that contract, Respondent was required to check in every day between the hours of 5:00 a.m. and 4:00 p.m. to determine if she was required to submit to a test that day. From November 20, 2017, until the filing of the probation violation complaint on October 9, 2019, Respondent failed to check in, or check in timely, with NTS on five (5) days. As part of the terms of her disciplinary period, Respondent was required to completely abstain from the use or consumption of alcohol in any form regardless of whether treatment was recommended. On September 10, 2019, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. Probation 12/05/2019 to 12/05/2022

Gunn, Shannon Marie

West Palm Beach, FL

Registered Nurse 2019045192

Applicant was previously licensed by the Board as a registered professional nurse, license number RN

2001033427. The license was originally issued on December 26, 2001, and was revoked by the Board on December 24, 2012. In a substance abuse evaluation completed on September 27, 2018, Applicant was diagnosed with alcohol use disorder and amphetamine type substance use disorder. Applicant admitted to a history of alcohol abuse, prescription Adderall abuse, prescription Tramadol abuse and cocaine abuse. She additionally admitted to using methamphetamine. Applicant states that her sobriety date is December 21, 2014.

Probation 12/02/2019 to 12/02/2024

Gaunt, Pamela Jean

Harviell, MO

Licensed Practical Nurse 2015026078

During the evening of April 2, 2019, until the morning of April 3, 2019, Licensee was assigned to a young patient in their home. Licensee was awoken three different times during the shift by the patient's family member. Licensee admitted to falling asleep while caring for the young patient, claiming the patient was restless so she crawled into bed with him to comfort him and she fell asleep. Licensee further admitted to "routinely documenting" treatments that may not have actually occurred. Probation 02/13/2020 to 02/13/2023

DeClue, Lindsey Hayden

Columbia, MO

Licensed Practical Nurse 2011033041

On March 23, 2017, Licensee misread chart notes for a patient's allergy shot. The chart stated 0.05 ml and Licensee administered 0.5 ml. Licensee recognized the error approximately thirty (30) minutes after patient left. On September 22, 2017, Licensee failed to verify that she had the correct patient from the lobby. In turn, Licensee administered two (2) vaccines to the wrong patient. On April 18, 2018, Licensee failed to look at the immunizations schedule tab and administered Tdap to a patient that had previously received a Tdap vaccination on December 19, 2017. This patient was not due for the vaccine like Licensee had thought. Probation 12/04/2019 to 12/04/2021

Becker, Ashley Nicole

Saint Louis, MO

Registered Nurse 2019047466

On August 15, 2012, Applicant pled guilty to the offense of Operating a Vehicle while Intoxicated - Alcohol, in the Municipal Court of Jefferson County, Missouri, in case number T201119365-2. Applicant was given a suspended imposition of sentence with two (2) years of probation. On April 8, 2014, Applicant pled guilty to the offense of Operating a Vehicle with Excessive Blood Alcohol Content, in the Municipal Court of Arnold, Missouri, in case number T111585767-A. On July 14, 2015, Applicant pled guilty to the unclassified misdemeanor of Driving While Revoked-Suspended, in violation of §302.321 RSMo, in the Circuit Court of Jefferson County, Missouri, in case number 14JE-CR02723. Applicant was given a suspended imposition of sentence with one (1) year of unsupervised probation. On December 3, 2015, Applicant pled guilty to three (3) counts of the class C felony of Possession of a Controlled Substance Except 35 Grams or Less of Marijuana, in violation of §195.202 RSMo, in the Circuit Court of St. Louis County, Missouri, in case number 15SL-CR01538-01. Applicant was given a suspended imposition of sentence with five (5) years of probation. Applicant was released from probation early on March 10, 2019. Applicant was found guilty of unlawfully possessing amphetamine, alprazolam and buprenorphine. On February 5, 2018, Applicant also pled guilty to the offense of Driving with License Revoked, in the Municipal Court of Arnold, Missouri. Applicant paid associated fines. On July 25, 2018, Applicant pled guilty to the offenses of petty larceny, driving while revoked, and driving without a license, in the Municipal Court of St. Louis County, Missouri. Applicant was given a suspended imposition of sentence with two (2) years of probation. On February 20, 2019, Applicant pled guilty to the class D misdemeanor of Unlawful Possession of Drug Paraphernalia, in violation of §579.074 RSMo, in the Circuit Court of Jefferson County, Missouri, in case number 18JE-CR00795. Applicant paid associated fines. Applicant received inpatient treatment at Bridgeway from September 27, 2017 until she was successfully discharged on October 18, 2017. Applicant received

outpatient treatment at Hyland from October 20, 2017 until November 20, 2017.

Probation 12/24/2019 to 12/24/2022

Helwig, Larry L

Columbia, MO

Registered Nurse 137734

From February 9, 2019, until the filing of the Complaint, Respondent failed to check in with NTS on four (4) days, and checked in outside of the required time window on two (2) days. On August 13, 2019, Respondent checked in with NTS outside of the required time window and was advised that he had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. Probation 12/05/2019 to 12/05/2021

Nabena, Cassandra Dawn

Branson, MO

Registered Nurse 2010023143

Respondent never completed the contract process with NTS. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of September 24, 2019. In accordance with the terms of the Order, Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent was advised by UPS Ground Service to attend a meeting with the Board's representative on July 16, 2019. Respondent did not attend the meeting or contact the Board to reschedule the meeting. Probation 01/14/2020 to 01/14/2024

Tindall, Barbara Jean

Eldon, IA

Licensed Practical Nurse 2011030698

On March 14, 2019, Respondent entered a guilty plea to the offense of Acquiring Oxycodone by Misrepresentation, Fraud, Deception, and Subterfuge, and the offense of False Statements Relating to Health Care Matters, in the United States District Court, Southern District of Iowa. Probation 01/14/2020 to 01/28/2020

REVOCATION

Garcia, Benjamin Garcia

Steele, MO

Registered Nurse 2016027891

On August 26, 2019, Respondent signed and thereby entered into an Agreed Order (Order) with the Tennessee State Board of Nursing, which became effective on August 27, 2019. In the Order, Respondent received final disciplinary action when he voluntarily surrendered his multistate licensure privilege to practice nursing in Tennessee. Revoked 12/05/2019

Helton, William Clayton

Saint Charles, MO

Registered Nurse 2012022948

To date, Respondent has never completed the contract process with NTS. In accordance with the terms of the Agreement, Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent was advised by UPS Ground Service to attend a meeting with the Board's representative on July 23, 2019. Respondent did not attend the meeting. Revoked 12/20/2019

Nance, Jason L

Florissant, MO

Licensed Practical Nurse 2017011444

On September 12, 2019, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading of 14.0. On September 21, 2019, Respondent was requested to submit a hair sample for testing. The signature purporting to be the signature of "Jason Nance" on the chain of custody form with the hair sample does not match the signatures appearing to be that of "Jason Nance" on the three (3) previous chain of custody forms from prior urine drug screens. The medical review officer, after receiving a call that someone



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Disciplinary Actions**

other than Respondent may have submitted the hair sample on September 21, compared the signatures on the aforementioned chain of custody forms and concluded that the signature on the chain of custody form for the hair sample was forged. As a result, the medical review officer deemed the hair sample test cancelled due to forgery. Revoked 12/17/2019

Newman, Ashley Nicole
Liberty, MO
Registered Nurse 2014021953

On July 26, 2019, the low creatinine reading was 11.3. Respondents creatinine reading was 17.9 for the September 6, 2019 sample. The Board did not receive proof of continued support group attendance by the quarterly due date of September 23, 2019. On or about October 2, 2019, information was received from Respondents employer that indicated that Respondent had been terminated due to taking medication from a co-worker's purse without permission on or about September 30, 2019. On or about October 1, 2019, Respondents co-worker reported to the nurse manager that four (4) pills were missing from her medication bottle that were present in the bottle the previous day. The co-worker was prescribed Adderall and four (4) Adderall pills were missing from her prescription bottle. Video surveillance showed Respondent retrieving the medication bottle from the co-worker's purse, pouring the medication into her hand and placing the pills in her mouth. Respondent was then observed going to her own purse and pulling out a bottle of water to swallow the pills. The nurse manager then called Respondent into his office to discuss the situation. Respondent at first admitted to taking the pills out of the co-worker's purse, but stated that she put the pills back. Respondent was then shown the video surveillance footage. Respondent admitted to taking and consuming the Adderall pills. Respondent further admitted that she did not have permission from her co-worker to get into the co-worker's purse or to take the co-worker's medication. Revoked 12/05/2019

Crawford, Meaghan Roz Leeann
Columbia, MO
Licensed Practical Nurse 2013009855

One of Respondent's patients had suffered a traumatic brain injury and was cognitively impaired. The patient has been deemed incapacitated and disabled, and has a court-appointed guardian and conservator. Between on or about June 28, 2017 and on or about July 18, 2017, Respondent and the patient exchanged approximately 1,480 text messages. Many of the texts exchanged between Respondent and the patient were of an expressly sexual nature, and each party sent messages to the other referencing sex and sexual acts. Some of the texts that Respondent sent the patient referenced specific sexual activity between Respondent and the patient. Other texts that Respondent sent the patient were verbally abusive and/or threatening and instructed him to not tell anyone else about their relationship. On or about September 5, 2018, Respondent provided a statement to the Board as part of an application to become licensed as a registered nurse, expressly admitting, "I admit that I engaged in text messaging with a patient that included inappropriately explicit sexual content." Revoked 12/17/2019

Paulson, Edwarda W
Springfield, MO
Registered Nurse 123523

On September 18, 2019, the Kentucky State Board of Nursing issued an Order of Immediate Temporary Suspension (Order) immediately suspending Respondents privilege to practice nursing in the state of Kentucky. Revoked 12/05/2019

Drake, Aimee Leigh
Springfield, MO
Registered Nurse 2008022182

On October 17, 2018, Respondent pled guilty to the class D felony of Tamper or Attempt to Tamper with a Victim in a Felony Prosecution, in the Circuit Court of Greene County, Missouri. On July 16, 2019, Respondent pled guilty to the class D misdemeanor of Unlawful Possession of Drug Paraphernalia, in the Circuit Court of Christian County, Missouri. Revoked 12/20/2019

Newell, Melissa Ann
Raytown, MO
Registered Nurse 2004007926

From April 25, 2019 until the filing of the Complaint on June 26, 2019, Respondent failed to check in with NTS on thirty-nine (39) days and checked in outside of the required time window on three (3) days. On May 24, 2019, Respondent failed to check in with NTS during the required time window, and it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on May 24, 2019. On June 4, 2019, Respondent failed to check in with NTS and it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on June 4, 2019. On May 9, 2019, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of methamphetamine and amphetamine. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of June 24, 2019. Revoked 12/12/2019

Minyard, Angela Ann
Kennett, MO
Licensed Practical Nurse 2014028573

On or about June 18, 2017, Respondent received notice that a resident was returning to the facility from a hospital. In anticipation, Respondent "pre-popped" a Hydrocodone tablet for the patient. Respondent was subsequently informed that the patient would not be returning to the facility that evening. Respondent documented wasting the Hydrocodone. On or about June 21, 2017, Respondent attempted to contact the nurse whose signature she had forged to cover up her conduct. Respondent was terminated on or about June 21, 2017 for signing another nurse's name in the narcotics book. Respondent later admitted to the Board's investigator that she had "pre-popped" the Hydrocodone and forged the signature of her fellow nurse to falsely indicate that the nurse had witnessed the waste. Revoked 12/12/2019

Sumner, Tina M
Desoto, MO
Registered Nurse 137266

On August 9, 2019, Respondent pled guilty to two (2) counts of the class C felony of Statutory Rape - 2nd Degree, in violation of §566.034, RSMo. (Supp. 2015), and the class D felony of Tamper or Attempt to Tamper with a Victim in a Felony Prosecution, in violation §575.270, RSMo. (Supp. 2017), in the Circuit Court of Jefferson County, Missouri, in case number 19JE-CR00764-01. Revoked 12/05/2019

Everhart, Marjorie A
Lees Summit, MO
Registered Nurse 2012025473

Count I - At all times relevant to this Count, Respondent was employed as a registered nurse at Center in City, Missouri. A routine audit conducted by Center in May of 2017 revealed that medication transactions for controlled substances posted by Respondent could not be verified through patient chart review for administration, return, or waste. On or about March 31, 2017, Respondent removed fentanyl 100mcg/2ml injection but did not document the administration, waste, or return. On or about April 10, 2017, Respondent removed a morphine sulfate 30 mg tablet but did not document the administration, waste, or return. Additionally, Center discovered that Respondent had not renewed her Missouri registered nurse license and had been working without a license from on or about April 30, 2017 until on or about May 12, 2017. Respondent subsequently admitted to the Boards investigator that she had forgotten to document the administration, waste, or return of the fentanyl and morphine tablets. Respondent further admitted that she moved to a new residence in August of 2016 and that she failed to update the Board of her new address. Count II - At all times relevant to this Count, Respondent was employed as a registered nurse at Manor in Missouri. On or about September 16, 2017, while working a night shift, Respondent was informed by a certified nurse aide (CNA) that the CNA had pulled a call light off the wall of a resident, so that the resident could not use it. As Respondent was making rounds, she discovered that another resident's call light had been unplugged. The resident stated that her call light had been

pulled from the wall by the same CNA. Respondent failed to check all the call lights to ensure that all residents had functioning lights. Respondent did not send the CNA home. Respondent failed to alert any authorities that the CNA had been removing lights from residents rooms and rendering residents unable to call for help in the event of an emergency. Count III - At all times relevant to this Count, Respondent was employed as a registered nurse with a staffing agency on assignment at Care Center in Missouri. On or about January 4, 2018, due to missing medications on the floor Respondent was working, contacted staffing agency, requesting that Respondent submit to a drug screen. Respondent submitted to the drug screen on or about January 5, 2018. Respondent's drug screen tested positive for Amphetamine. Staffing agency and the drug testing company attempted to contact Respondent approximately seven times regarding the drug screen, each time unsuccessfully. Respondent never responded to staffing agency or the drug testing company regarding the positive drug screen. Count IV - At all times relevant to this Count, Respondent was employed as a registered nurse at Rehab in Missouri. On or about May 20, 2018, a Rehab nurse noticed two pills taped into the back of a blister pack of Percocet. The nurse determined that the pills were not Percocet but were, instead, Tylenol 325 mg. An audit of narcotic blister packs on the unit revealed that two additional residents in the same unit had medication taped into the back of a blister pack that was not the medication that was supposed to be in the packs. A Rehab audit substantiated the misappropriation/use of resident controlled substances, including two Percocet 5/325 mg tabs for Resident 1, one Percocet 5/325 mg tab for Resident 2, and one Norco 7.5/325 mg for Resident 3. Rehab administrators discovered that Respondent had instructed another nurse to tape two Percocet 5/325 mg tabs back into Resident 1's blister pack, saying she had already administered the tabs to Resident 1. Respondent initialed the MAR indicating that she had administered the two Percocet 5/325 mg tabs for Resident 1 on or about May 20, 2018. Rehab determined that Respondent taped the substitute medications in place of the narcotics that were supposed to be in the blister packs. Rehab made multiple attempts to contact Respondent to provide a statement and submit to a drug screen, but Respondent did not respond and did not submit to the drug screen. Revoked 12/12/2019

Gatlin, Martha Elizabeth
Lafayette, LA
Registered Nurse 2005010652

On March 12, 2019, the Louisiana State Board of Nursing took final disciplinary action and issued an Order indefinitely suspending the nursing license of Respondent

REVOCATION continued on page 10

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Disciplinary Actions**

REVOCATION continued from page 9

due to Respondent failing to comply with the required stipulations of the Recovering Nurse Program (RNP).
Revoked 12/05/2019

Muniz, Melissa Soledad
Sunland Park, NM
Licensed Practical Nurse 2010023213

Respondent practiced nursing in Missouri without a license from on or about February 1, 2017 through on or about March 1 or 2, 2017. Respondent also failed to keep the Board updated of her current address. Respondent applied for her registered nurse license by examination on or about January 17, 2014. However, Respondent never passed the NCLEX examination required for registered nurse licensure. Respondent began employment on or about August 11, 2014. Respondent signed the "RN" initials behind her name in electronic and handwritten signatures on several known occasions from approximately August 2015 to July 2017. Respondent additionally represented herself on social media as an RN. Respondent later admitted to the Board's investigator that when she started her employment, she had not taken the NCLEX. When she did take the NCLEX, she failed the examination, but held herself out as an RN even though she was not so licensed.
Revoked 12/12/2019

Huffman, Amy Leigh
Saint Joseph, MO
Registered Nurse 2012011699

Respondent was required to contract with the Board approved third-party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. Pursuant to that contract, Respondent was required to check in every day to determine if she was required to submit to a test that day. From May 7, 2019, until the filing of the Complaint, Respondent failed to check in with NTS on three (3) days and failed to check in within the required time window on two (2) days. Further, on July 31, 2019; September 12, 2019; and September 30, 2019, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on June 17, 2019, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading of 13.5. A creatinine reading below 20.0 is suspicious for a diluted sample.
Revoked 12/12/2019

Crane, Rebecca A
Quincy, IL
Registered Nurse 101965

On July 30, 2019, Respondent was subject to final disciplinary action when she entered into a Consent Order

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with the Illinois Department of Financial and Professional Regulation that became effective on August 12, 2019. Pursuant to the Order, Respondents Illinois nursing license was placed on indefinite probation for a minimum five (5) years due to Respondent testing positive for opiates while on duty. She admitted to taking hydromorphone from the Adams County Coroner.
Revoked 12/05/2019

Brown-Grimes, Mary E
Saint Louis, MO
Licensed Practical Nurse 2010010014

On or about September 13, 2017, the facility administrator reviewed video surveillance from the prior day. On the video surveillance, it was noted that Respondent left the facility at 1:18 a.m. on September 12, 2017, got in a vehicle, and did not return to the facility until 1:45 a.m. Respondent was the only licensed nurse at the facility during that time period, and was in charge of 66 residents, including three hospice residents. Respondent was terminated from facility on September 13, 2017, due to leaving the facility while on duty, with no other licensed nurses on staff.
Revoked 12/05/2019

Gentry, Traci Ann
Branson, MO
Registered Nurse 2015021427

On or about December 21, 2016, Respondent was observed by co-workers to be acting strangely, including fidgeting, talking to herself, disappearing from the unit for extended periods of time, and not being able to speak in complete sentences. Respondent was escorted to the emergency department and asked to submit to a for-cause drug screen. Respondent tested positive for Benzodiazepines, Opiates, Oxycodone, Methadone, and Amphetamines. Respondent did not have a current prescription for, or lawful reason to possess Benzodiazepines, Opiates, Oxycodone, Methadone, and Amphetamines. When officials searched Respondent's purse, multiple medications and medical utensils were found, including Dilaudid-1mg; Versed-2mg; Oxycodone (oral solution)-10mg; four (4) Tylenol-325mg tablets; three (3) unknown tablets; two (2) open/empty vials of Dilaudid; syringes; needles (one used and bloody); one (1) blunt needle; alcohol swabs; and gauze. Respondent admitted to the nurse manager that she had diverted medications. Respondent further admitted that she administered partial doses of controlled substances and withdrawn and taken the remaining dosage, but was documenting that she had administered the full dose.
Revoked 12/20/2019

Klamet, Anita L
Wichita, KS
Registered Nurse 104713

On August 2, 2019, the Kansas State Board of Nursing took final disciplinary action and issued a Summary Order restricting Respondent's nursing license due to Respondent performing a laser procedure on a patient outside the scope of her practice, and writing prescriptions for herself and two of her family members without the physician's permission, forging the physician's signature on many of them. The Summary Order became effective as a Final Order on August 21, 2019. In the Order, Respondent was required to provide four (4) quarterly employment reports and prohibited from working unsupervised.
Revoked 12/20/2019

Breit, Carole M
Kansas City, MO
Registered Nurse 154846

An investigation showed numerous medication documentation irregularities, including:

- withdrawing controlled substances without charting administration or waste of the withdrawn medications;
- charting administration at a time earlier than the time the medication was documented as withdrawn;
- charting both administration and return of withdrawn medications; and
- failing to document reassessment after documenting administration.

The medications at issue were Oxycodone, Fentanyl, and Lorazepam. On February 1, 2018, Respondent pled guilty to two counts of the class A misdemeanor of Unlawful Use of Drug Paraphernalia, in violation of §195.233, RSMo., in

the Circuit Court of Clay County, in case number 17CY-CR01365-02.
Revoked 12/05/2019

SUSPENSION

Edwards, Sarah E
Kansas City, MO
Registered Nurse 2011018733
Failure to comply with the Missouri Intervention Program requirements.
Suspension 02/19/2020

McNeal, Rachelle D
Saint Louis, MO
Licensed Practical Nurse 2003020946
Failure to comply with the Missouri Alternative Program requirements.
Suspension 01/10/2020

Wilson, Carrie Colleen
Niangua, MO
Licensed Practical Nurse 2013001888
Failure to comply with the Missouri Intervention Program requirements.
Suspension 01/10/2020

Hartle, Karen Jo
Bloomfield, MO
Registered Nurse 2009019743
Failure to comply with the Missouri Alternative Program requirements.
Suspension 01/10/2020

Dearing, Patricia Ann
Florissant, MO
Licensed Practical Nurse 2017017660
Failure to comply with the Missouri Intervention Program requirements.
Suspension 01/10/2020

Coggins, Megan Nicole
Boonville, MO
Registered Nurse 2009037867
Failure to comply with the Missouri Intervention Program requirements.
Suspension 01/07/2020

Henson, Perry D
Kingman, AZ
Registered Nurse 2018007716
Failure to comply with the Missouri Intervention Program requirements.
Suspension 01/07/2020

Peebles, Rachel Renee
Saint Louis, MO
Registered Nurse 2010018975
Failure to comply with the Missouri Intervention Program requirements.
Suspension 02/25/2020

VOLUNTARY SURRENDER

Patel, Sunil Ramesh
Columbia, MO
Registered Nurse 2013035481
On September 21, 2016, Licensee arrived home from work and was behaving in a way that his parents were suspicious. Licensee's parents called the police. Licensee's mother searched Licensee's bag. One (10) vial of lorazepam, 2mg, 1mL was found, with syringes, and alcohol swabs. He was also observed with track marks from injecting himself. Licensee admitted to Columbia Police Department that he had taken the medication home from work. Licensee admitted to the Board's investigator that due to a high level of stress he took the medication for his own personal use and injected himself. On September

22, 2016, Licensee was terminated from Boone Hospital due to diverting medication for his own personal use. Licensee successfully completed drug court on September 24, 2018. Lorazepam (brand name Ativan) is a controlled substance pursuant to §195.017.8(2)(bb) RSMo. Licensee did not have a prescription for, or lawful reason to possess, lorazepam or Ativan.
Voluntary Surrender 02/24/2020

Allen, Kristen Michele
Dexter, MO

Registered Nurse 2012021416

On or about May 3, 2019, it was reported that three -3-cards of hydrocodone had been tampered with and had the pills replaced with Tylenol. An investigation showed that Licensee was in possession of the medication cart during the time the pills were replaced. The investigation also showed that Licensee signed for receipt of two -2-hydrocodone cards from the pharmacy on May 1, 2019. On May 3, 2019, Licensee created a new narcotic count sheet for one of the hydrocodone cards; however, only 19 of 39 pills were accounted for. The other hydrocodone card that Licensee signed for was unable to be located.
Voluntary Surrender 12/02/2019

Tindall, Barbara Jean
Eldon, IA

Licensed Practical Nurse 2011030698

Licensee voluntarily surrendered her license.
Voluntary Surrender 01/29/2020

Roberts, Jack Forrest
Butler, MO

Registered Nurse 2008030725

Licensee surrendered his Missouri nursing license effective 12/17/19.
Voluntary Surrender 12/17/2019

Pollo, Brian Keith
Mount Olive, IL

Registered Nurse 2006026412

On May 17, 2018, management staff was notified by the pharmacy manager of possible drug diversion on the 3rd floor. It was reported that blood droplets and a green narcotic syringe cap were discovered in the employee restroom. Management staff conducted interviews of staff regarding the incident, but these did not include Licensee who was no longer in the area. Due to Licensee’s immediate departure, as well as a past history of discrepancies, pharmacy conducted an audit of the Pyxis. Per the primary Pyxis report, on May 17, 2018, Licensee removed two 1mg carpuments of Hydromorphone from the Pyxis. According to Licensee’s documentation, he administered 1.25mg of Hydromorphone to one patient and .25mg of Hydromorphone to another patient. No waste was documented by Licensee of the remaining .50mg of Hydromorphone. Licensee was scheduled to meet with management staff on May 18, 2018, at 1100 hours, but Licensee called and canceled the meeting. On May 22, 2018, Licensee submitted his resignation prior to the conclusion of the investigation. Additionally, Licensee received coaching in September 2017 and January 2018, as well as a formal corrective action plan in April 2018, over his drug discrepancies prior to this specific incident.
Voluntary Surrender 12/02/2019

Schuster, Linda J
Saint Louis, MO

Registered Nurse 091175

Licensee voluntarily surrendered her nursing license.
Voluntary Surrender 12/12/2019

Powell, Jessica Marie
Kirksville, MO

Registered Nurse 2009003985

Review of Licensee's Pyxis activity revealed multiple doses of Hydromorphone 0.5mg injection were removed under temporary patients that had been added into the Pyxis database. Additional investigation showed Licensee failed to document that the Hydromorphone 0.5mg injections were administered, wasted, or returned for any patient, and several patients did not have orders for Hydromorphone. A sixty day search of activity for Licensee showed preliminary results with similar activity and a high potential of diversion. Licensee admitted that she did divert the medications identified in the investigation report. Licensee admitted to the Board's investigator that she diverted the medications.
Voluntary Surrender 01/03/2020

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PERSONAL INFORMATION

TYPE OF CHANGE

☐ NAME

☐ ADDRESS

☐ PHONE

☐ EMAIL

TYPE OF LICENSE

☐ RN

☐ LPN

MISSOURI LICENSE NUMBER

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FULL NAME (LAST, FIRST, MIDDLE) **AS CURRENTLY IN OUR SYSTEM**

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NEW NAME (LAST, FIRST, MIDDLE)

PRIMARY STATE OF RESIDENCE ADDRESS (WHERE YOU VOTE, PAY FEDERAL TAXES, OBTAIN A DRIVER’S LICENSE)

CITY

STATE

ZIP CODE

MAILING ADDRESS (ONLY REQUIRED IF DIFFERENT THAN PRIMARY RESIDENCE ADDRESS)

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

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ATTESTATION

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